

## UNITED STATES DISTRICT COURT

Central

District of Massachusetts

June Culross  
Plaintiff

V.

Fallon Clinic, Inc. and  
Marlene Dodge  
DefendantAPPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER:

**05-40092 FDS**I, June Culross declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration \_\_\_\_\_

Are you employed at the institution? \_\_\_\_\_ Do you receive any payment from the institution? \_\_\_\_\_

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☒ Yes ☐ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. UMass - Memorial - Hahnemann Campus

281 Lincoln Street, Worcester, MA 01605

My take home salary is \$472.65

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |   |  |
|---|---|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)

I received Transitional Assistance (TAFDC) Benefits in the amount of \$633 a month, until May 23, 2005 when the benefits were reduced to \$593 which is minus a rental allowance due to my moving into a home built by Greater Worcester Habitat for Humanity, Inc.

4. Do you have any cash or checking or savings accounts? ☒ Yes ☐ No

If "Yes," state the total amount. \$25.00

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☒ Yes ☐ No

If "Yes," describe the property and state its value.

1. Automobile - 1998 Ford Windstar, Kelly Blue Book trade-in value Two Thousand Four Hundred Fifty (\$2,450.00) Dollars.
2. Pending Purchase of a home from Greater Worcester Habitat for Humanity. Equity less than One Thousand (\$1,000.00) Dollars.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I am permanent legal guardian of my three nieces, Mackenzie Gosler, age 10; Kylee Gosler, age 9; and Breanne Gosler, age 8. I receive TAFDC of \$593.00 a month for their support. I contribute the remainder support from my earnings.

I declare under penalty of perjury that the above information is true and correct.

5/24/05  
Date

Jane Culross  
Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.